

PRELIMINARY FISCAL IMPACT STATEMENT

Agency: Revenue	
Title: 350	Prepared by: Grace Willnerd
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Subject: Report and Opinion	Telephone: (402) 471-5982

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(X)	(X)	(X)
Increased Costs	()	()	()
Decreased Costs	()	()	()
Increased Revenue	()	()	()
Decreased Revenue	()	()	()
Indeterminable	()	()	()

Provide an Estimated Cost & Description of Impact:

State Agency:

Political
Subdivision:

Regulated
Public:

If indeterminable, explain why: